

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

63-034554

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No.

317

Primary Registration District No.

500

Registrar's No.

2325

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

FILED AUG 19 1963

VS 300
Rev. 4/59

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2 4000

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO. SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY <u>St. Louis</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Mo</u> b. COUNTY <u>St. Louis</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Meramec Twshp</u>		Length of stay in lb <u>71 Yrs.</u>	c. CITY OR TOWN <u>Rt 1, Box 608 Glencoe</u>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Highway 109</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <u>Highway 109</u>
3. NAME OF DECEASED (Type or print) First <u>Maggie</u> Middle <u>Ossenschmidt</u> Last <u></u>		4. DATE OF DEATH Month <u>7</u> Day <u>20</u> Year <u>1963</u>	
5. SEX <u>F</u>	6. COLOR OR RACE <u>W</u>	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>1/21/1871</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housework</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Own home</u>	9. AGE (last birthday) <u>92</u>
11a. FATHER'S NAME <u>Henry Schattel</u>		11b. MOTHER'S MAIDEN NAME <u>Kate Hoffmann</u>	
12a. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>		12b. SOCIAL SECURITY NO. <u></u>	
13a. FATHER'S NAME <u>Henry Schattel</u>		13b. MOTHER'S MAIDEN NAME <u>Kate Hoffmann</u>	
14a. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>		14b. SOCIAL SECURITY NO. <u></u>	
15a. FATHER'S NAME <u>Henry Schattel</u>		15b. MOTHER'S MAIDEN NAME <u>Kate Hoffmann</u>	
16a. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>		16b. SOCIAL SECURITY NO. <u></u>	
17a. FATHER'S NAME <u>Henry Schattel</u>		17b. MOTHER'S MAIDEN NAME <u>Kate Hoffmann</u>	
18a. FATHER'S NAME <u>Henry Schattel</u>		18b. MOTHER'S MAIDEN NAME <u>Kate Hoffmann</u>	
19a. FATHER'S NAME <u>Henry Schattel</u>		19b. MOTHER'S MAIDEN NAME <u>Kate Hoffmann</u>	
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USE BLACK INK
OR
TYPEWRITER RIBBON

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Richard Bopp

Licensed Embalmer No. 4584

P. O. Address Bellview, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting:

If this body is not embalmed, fact should be so stated above.